

**SECRET**

Approved For Release 2008/11/13 : CIA-RDP75-00399R000100110058-2

<b>REPORTS INVENTORY</b>					CONTROL NO. <b>DDS/OF-125</b>							
<b>PREPARE IN DUPLICATE</b>												
1. TITLE OF REPORT (if a fill-in report include Form No.) Report of "M" Unliquidated Obligations Applicable to Lapsed Appropriations					2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>STATISTICAL</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>NARRATIVE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>MACHINE-NAME LISTING</td> </tr> </table>		<input checked="" type="checkbox"/>	STATISTICAL	<input type="checkbox"/>	NARRATIVE	<input type="checkbox"/>	MACHINE-NAME LISTING
<input checked="" type="checkbox"/>	STATISTICAL											
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<input type="checkbox"/>	MACHINE-NAME LISTING											
3. FUNCTIONAL AREA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PERSONNEL</td> <td style="width: 50%;">TRAINING</td> </tr> <tr> <td>LOGISTICS</td> <td>SECURITY</td> </tr> <tr> <td>MEDICAL</td> <td><input checked="" type="checkbox"/> FINANCE</td> </tr> </table>		PERSONNEL	TRAINING	LOGISTICS	SECURITY	MEDICAL	<input checked="" type="checkbox"/> FINANCE	ADMIN. GENERAL OTHER (specify)		
PERSONNEL	TRAINING											
LOGISTICS	SECURITY											
MEDICAL	<input checked="" type="checkbox"/> FINANCE											
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.) <div style="text-align: center;">Annually</div>		6. DISTRIBUTION (No. of components not number of copies)								
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/> YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> NO</td> <td></td> </tr> </table>		<input type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
<input type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.											
<input checked="" type="checkbox"/> NO												
10. PREPARING COMPONENT (include lowest level contributing information to report)  B&F Offices			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)									
<b>12. COST FACTORS</b>												
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>												
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	=	TIMES PREPARED	=	COST PER YEAR		
Submitted by Approximately 55 Components												
Small - 45 GS-12	\$7.28		8x45=360		\$2,620.80			1		\$ 2,620.80		
Large - 10 GS-14	\$9.76		16x10=160		1,561.60			1		1,561.60		
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>												
<b>TOTAL COSTS PER YEAR</b>										<del>\$1,561.60</del> \$4,182.40		
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.												

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